



Update on Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

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8th Annual Force Health Protection Conference

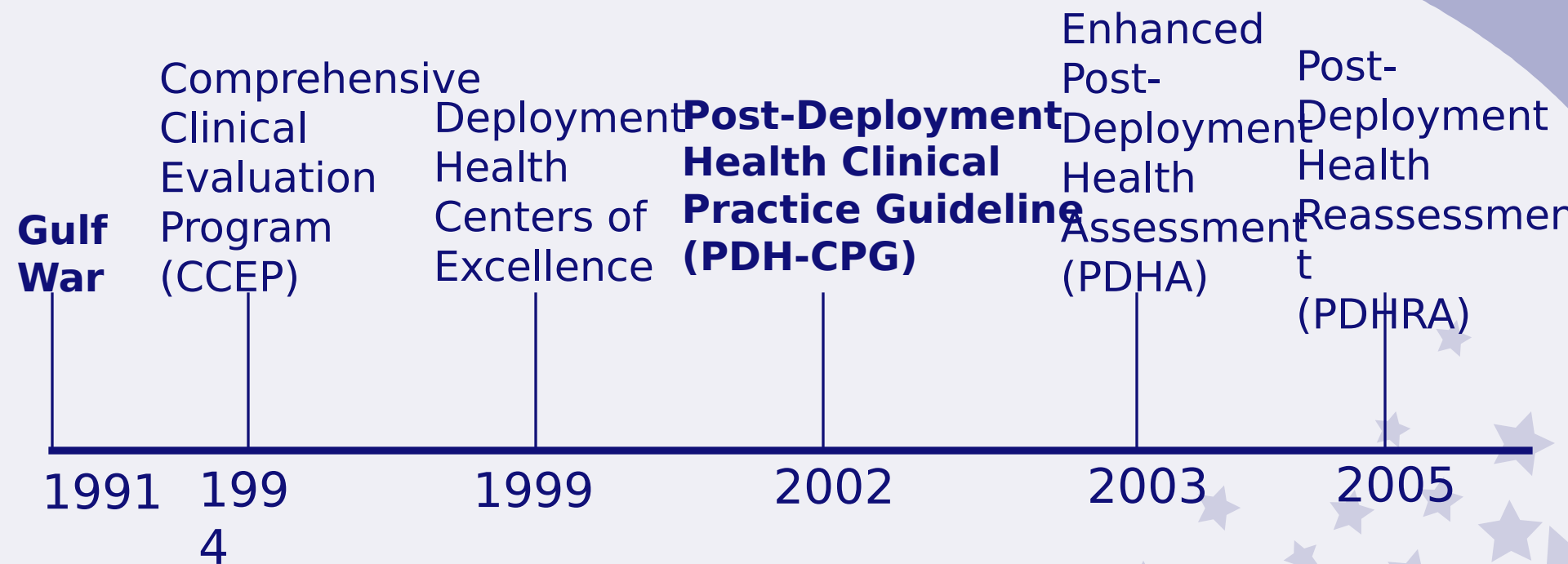
10 August 2005

Learning Objectives



- ➡♠ Describe the PDH-CPG and accompanying tools
- ♠ Identify changes and new developments to the PDH-CPG and its tools
- ♠ Describe the role of the Staff Training and Assistance Team (STAT) in command and clinical consultation for PDH-CPG implementation

DoD Post-Deployment Health Programs Timeline



Post-Deployment Health Clinical Practice Guideline (PDH-CPG)



- ♠ DoD/VA **P**ost-**D**eployment **H**ealth Evaluation and Management **C**linical **P**ractice **G**uideline (PDH-CPG)
 - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
 - Completed by an expert multi-disciplinary, multi-agency panel in 2001
 - Initiated with a worldwide satellite broadcast January 2002 and distribution of a Tool Kit to all MTFs
 - No change since 2002 except modified coding guidance

PDH-CPG Use Mandated by Health Affairs - April 2002



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2 2002

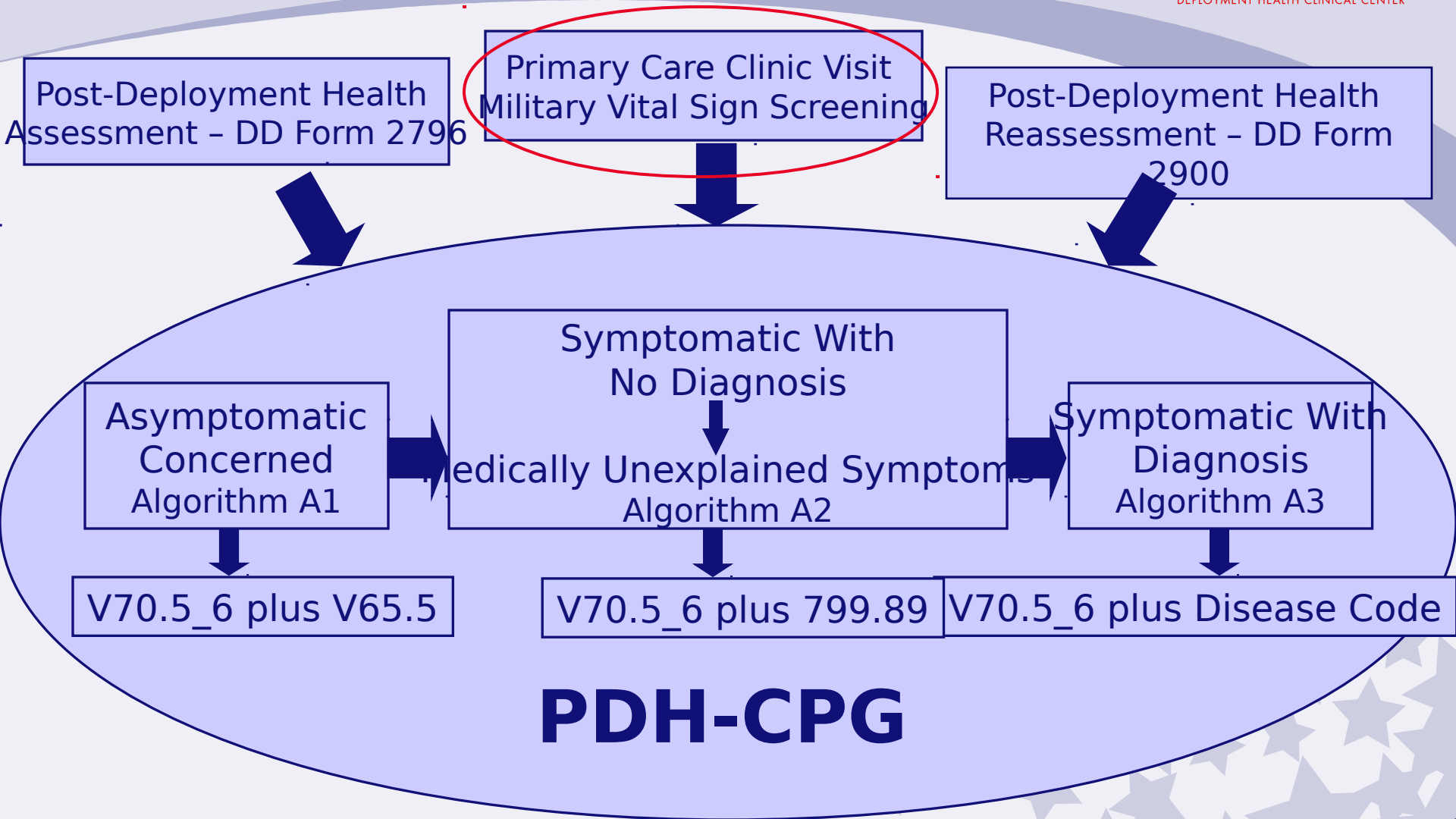
HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical
Practice Guideline

“All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline ...the military unique vital sign question ‘*Is the reason for your visit today related to a deployment?*’ should be asked of every patient...providers will review and employ, as needed, this guideline during their evaluations...”

Overview of PDH-CPG



Deployment-Related Question = Military Unique Vital Sign



- ♠ All persons should be asked “***Is your health concern today related to a deployment?***” at every primary care visit except wellness visits (e.g. periodic exams and preventive care)
- ♠ **Patient** rather than provider **determination**
- ♠ Percentage of positive responses
 - <1% during 2001 testing (Bragg, Lejeune, McGuire)
 - 2.8% AD vs 0.2% FM in NQMP study published Dec 04
 - 5-8% in current data reviews

Asymptomatic Concerned

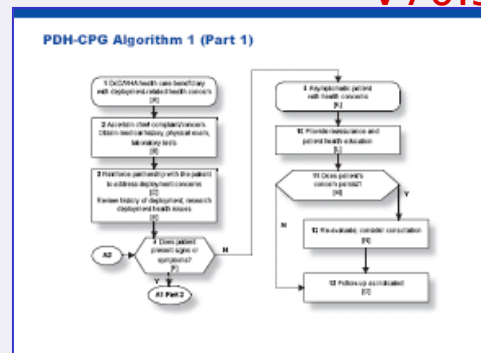
Algorithm A1 - Definition and Management

Definition

- ♠ Expressed a health concern, but does not exhibit or describe any discernable illness or injury
- ♠ Concerns may be related to
 - Illness
 - Vaccine or medication
 - Exposure or anticipated exposure
 - Personal experience
 - News media, Internet, etc.

Management

- ♠ Use Algorithm A1
- ♠ Identify patient's health and exposure concerns
- ♠ Provide patient education
- ♠ Schedule a 30 minute follow-up visit, if concern persists re-evaluate
- ♠ Research the concerns. Consult www.PDHealth.mil
- ♠ Document in chart and code V70.5_6 plus V65.5 in ADM

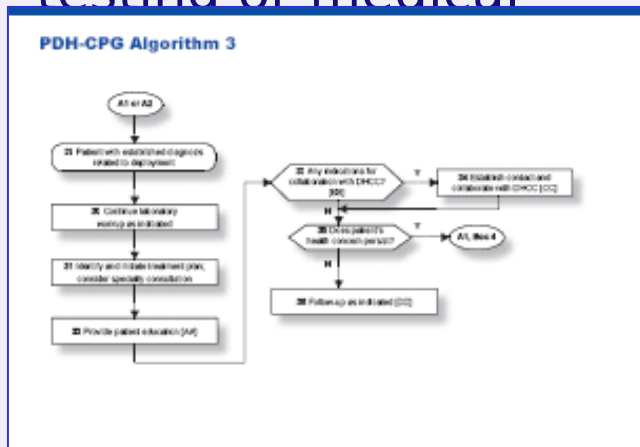


Established Diagnosis

Algorithm A3 - Definition and Management

Definition

- ♠ Clinically defined injury or disease based on objective and reproducible clinical findings on examination, laboratory testing or medical



Management

- ♠ Evaluate patient and establish a diagnosis
- ♠ Manage per applicable disease-specific clinical practice guideline
- ♠ Consult www.PDHealth.mil and Specialty Care as needed
- ♠ Provide patient information
- ♠ Document in chart
- ♠ Code in ADM using **V70.5_6** plus **diagnosis-specific code**
- ♠ Follow-up to monitor status

Original 2002 PDH-CPG Tool Kit



- ♠ Large, heavy 23" x 12" x 11" canvas satchel containing:
 - 2.5" three-ring binder
 - Narrative CPG with questionnaires
 - Sample/description of each tool and support strategy
 - 8.5" x 11" Provider Reference Cards
 - Documentation form (DD Form 2844)
 - Clinic stamps
 - Reference book(s)
 - List of related Web sites
 - Patient informational brochures
 - Patient marketing tools



Contents on www.PDHealth.mil

DD Form 2844 - Post Deployment Medical Assessment Form and Primer



DD Form 2844

♠ Optional form

♠ Used in place of SF 600

for documenting post-deployment evaluation

leted on

DD FORM 2844 TEST, APR 2001

DD FORM 2844 TEST (ACR), APR 2001

DD Form 2844 Primer (Side Two)

Form Structure and Completion Roles and Responsibilities (Cont.)

- Section II—Medical History, Assessment, Diagnosis and Treatment (Items 20-29)
 - health care provider or screener and comprises:
 - Part A—History of Present Illness
 - Part B—Directed Physical Exam
 - Part C—Diagnosis
 - Part D—Treatment Plan
 - Part E—Referral
 - Part F—Follow-up Appointment
- May include information from other completed questionnaires, for example:
 - PTSD Checklist (PCL)
 - Patient Health Questionnaire (PHQ)
 - Short Form 36 (SF-36)
 - Post-Deployment Health Clinical Assessment Tool (PD-CAT)

Form Processing

- The health care provider should facilitate appropriate referrals and follow-up based on response.
- Original DD 2844 form should be placed in the patient's permanent medical record.

Follow-up and Ongoing Care

- All military health system beneficiaries with health concerns they believe are deployment-related time of identification, are encouraged to seek medical care.
- Patients should be asked, "Is your health concern today related to a deployment?"
- If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Assessment (PDHCP) available through the DHCC and www.PDHCP.mil.

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6553 www.PDHCP.mil
PDHCP Tool Kit Pocket Cards Version 1.0 December 2003

DD Form 2844 Primer

DD Form 2844 Primer: Post-Deployment Medical Assessment

The *Post-Deployment Medical Assessment Form (DD 2844)* is a voluntary form used for patients presenting with post-deployment health care concerns in a primary care setting. The form facilitates outpatient treatment documentation by annotating key aspects in the assessment, management, and treatment of patients with deployment-related health concerns.

- DD 2844 may be used in lieu of SF 600 only for patients with deployment-related health concerns
- DD 2844 does not take the place of the DD 2796 (See DD 2796 Primer)
- DD 2844 use is determined by Service-specific and local clinic policy

Form Structure and Completion Roles and Responsibilities

- Section I—Patient Vital Signs (Items 1–13) is completed by the health care provider or screener and comprises vital signs, demographics, tobacco use, allergies, special work status, and duty title
- Section II—Patient Information (Items 14–19) is completed by the patient or health care provider or screener from patient responses and comprises patient symptoms, deployment history, concerns, medication and immunizations, additional demographics, and privacy statement and signatures

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6553 www.PDHCP.mil
PDHCP Tool Kit Pocket Cards Version 1.0 December 2003

DD 2844 Primer

Assessment and Outcome Tool Resources



SF-36v2

SF-36v2 Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Answer every question to the best of your ability unless you are requested to skip over a question.

Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name: _____ Age: _____ Sex: ☐ Male ☐ Female Today's Date: _____

1. During the last 4 weeks, how much have you been bothered by any of the following problems?

a. Stomach pain ☐ Not bothered ☐ A little ☐ A lot

b. Back pain ☐ Not bothered ☐ A little ☐ A lot

c. Pain in your arms, legs, or joints ☐ Not bothered ☐ A little ☐ A lot

d. Menstrual cramps or other problems ☐ Not bothered ☐ A little ☐ A lot

e. Pain or problems during sexual intercourse ☐ Not bothered ☐ A little ☐ A lot

f. Headaches ☐ Not bothered ☐ A little ☐ A lot

g. Chest pain ☐ Not bothered ☐ A little ☐ A lot

h. Dizziness ☐ Not bothered ☐ A little ☐ A lot

i. Fainting spells ☐ Not bothered ☐ A little ☐ A lot

j. Feeling your heart pound or flutter ☐ Not bothered ☐ A little ☐ A lot

k. Shortness of breath ☐ Not bothered ☐ A little ☐ A lot

l. Constipation, loose bowels, or changes in bowel habits ☐ Not bothered ☐ A little ☐ A lot

m. Nausea, gas, or indigestion ☐ Not bothered ☐ A little ☐ A lot

2. Over the last 4 weeks, how much have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things ☐ Not bothered ☐ A little ☐ A lot

b. Feeling down, depressed, or hopeless ☐ Not bothered ☐ A little ☐ A lot

c. Trouble falling or staying asleep, or waking up too early in the morning ☐ Not bothered ☐ A little ☐ A lot

d. Feeling tired or having less energy ☐ Not bothered ☐ A little ☐ A lot

e. Poor appetite or overeating ☐ Not bothered ☐ A little ☐ A lot

f. Feeling bad about yourself or your family down ☐ Not bothered ☐ A little ☐ A lot

g. Trouble concentrating or watching television ☐ Not bothered ☐ A little ☐ A lot

h. Moving or speaking so slowly that other people could have noticed ☐ Not bothered ☐ A little ☐ A lot

i. Thoughts that you would harm yourself or others ☐ Not bothered ☐ A little ☐ A lot

PTSD Checklist – Military Version (PCL-M)

Patient's Name: _____

Instruction to patient: Below is a list of symptoms that may be in response to stressful life experiences. Indicate how much you have been bothered by each symptom.

| No. | Response |
|-----|---|
| 1. | Repeated, disturbing memories or images of a stressful military experience from the past? |
| 2. | Repeated, disturbing dreams or thoughts about a stressful military experience from the past? |
| 3. | Suddenly acting or feeling as if a stressful military experience were happening again (as if you were reliving it)? |
| 4. | Feeling very upset when so reminded of a stressful military experience? |

PHQ

PCL

Post Deployment Clinical Assessment Tool

For provider use only

☐ Intake ☐ 3Mo Fu ☐ 6Mo Fu

PRIVACY ACT STATEMENT – Post Deployment Clinical Assessment Tool

AUTHORITY: 5 U.S.C. 301; and Executive Order 9397

PRINCIPAL PURPOSE: The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for you and/or your family in relation to deployment, bio-terrorism, and other threats. This tool will also assist in planning to provide better care to our beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.

I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.

Print Name _____

Signature _____

PRIVACY ACT STATEMENT

Date Completed ☐ / ☐ / ☐

year / month / day

Patient Identification _____

Version 7/2004pg03 1 PDCAT

PDCAT

Forms and primers on www.PDHealth.mil

- ♠ SF-36v2 - Health Survey
 - Short measure of health-related quality of life
- ♠ PHQ - Patient Health Questionnaire
 - Screens and monitors status of common health conditions
- ♠ PCL - Post Traumatic Stress Disorder Checklists
 - Assesses trauma-related distress
- ♠ PDCAT - Post Deployment Health Clinical Assessment Tool
 - Measures certain aspects of

PDH-CPG Web-Based Resources

www.PDHealth.mil



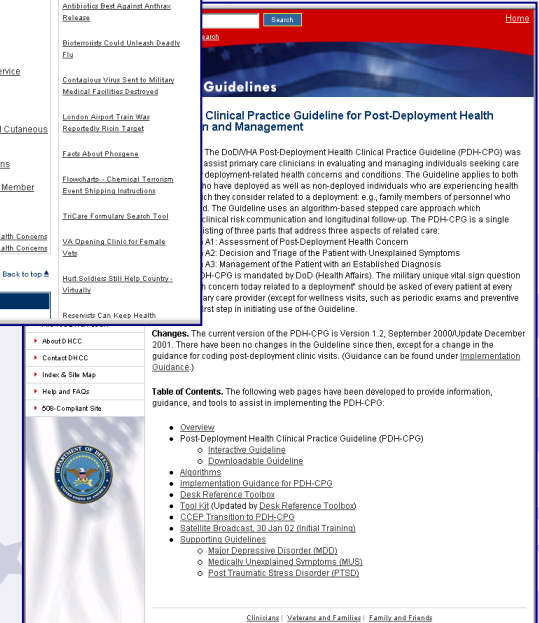
♠ PDH Guidelines

- Overview
- Guideline
- Algorithms
- Implementation
- Desk Reference Toolbox
- Tool Kit (Updated by Toolbox)
- CCEP Transition
- Broadcast, 30 Jan 2002
- Supporting Guidelines
 - Major Depressive Disorder (MDD)
 - Medically Unexplained Symptoms (MUS)
 - Post Traumatic Stress Disorder (PTSD)

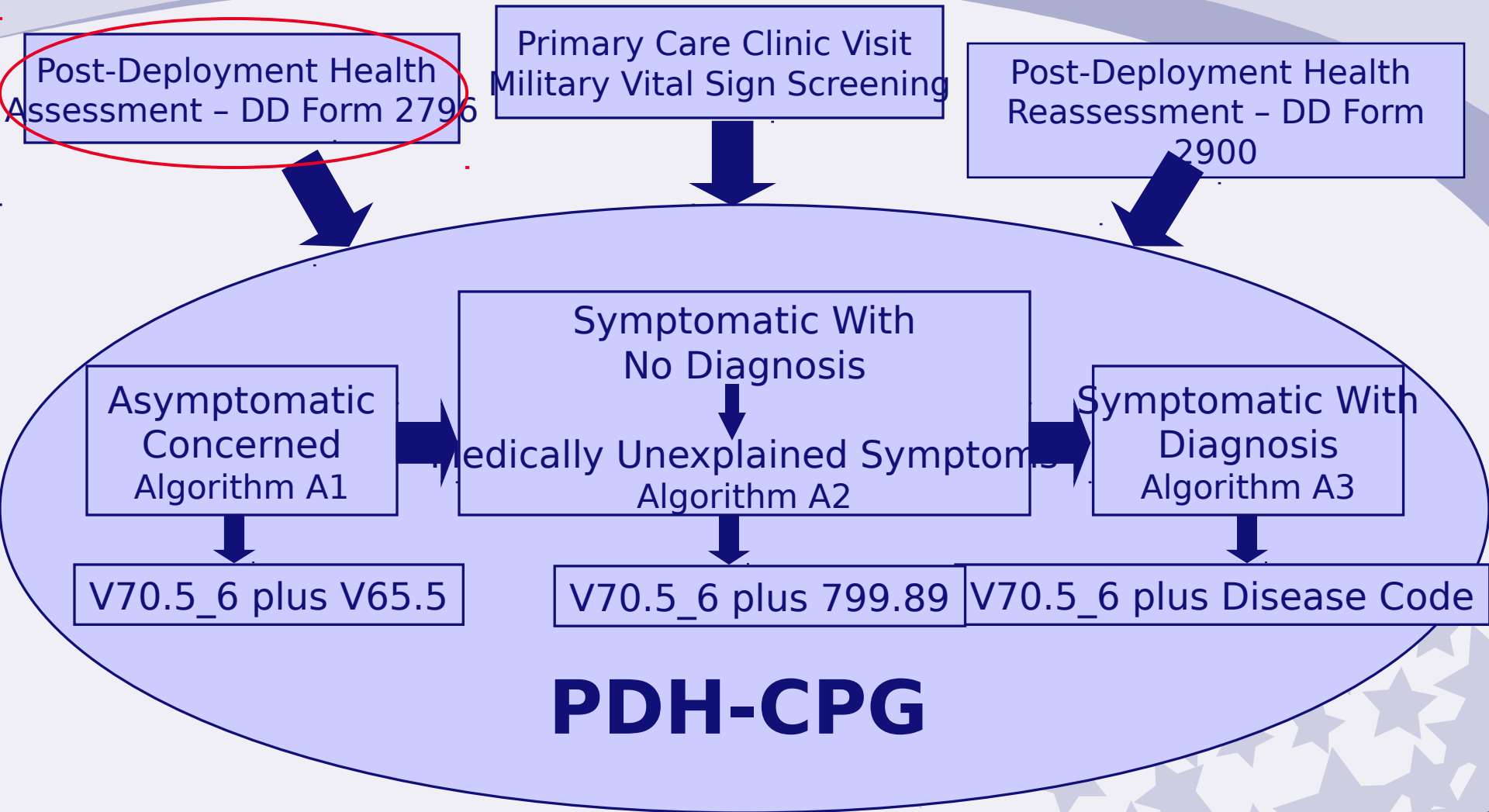
Home Page



PDH Guidelines



Key Elements of PDH-CPG

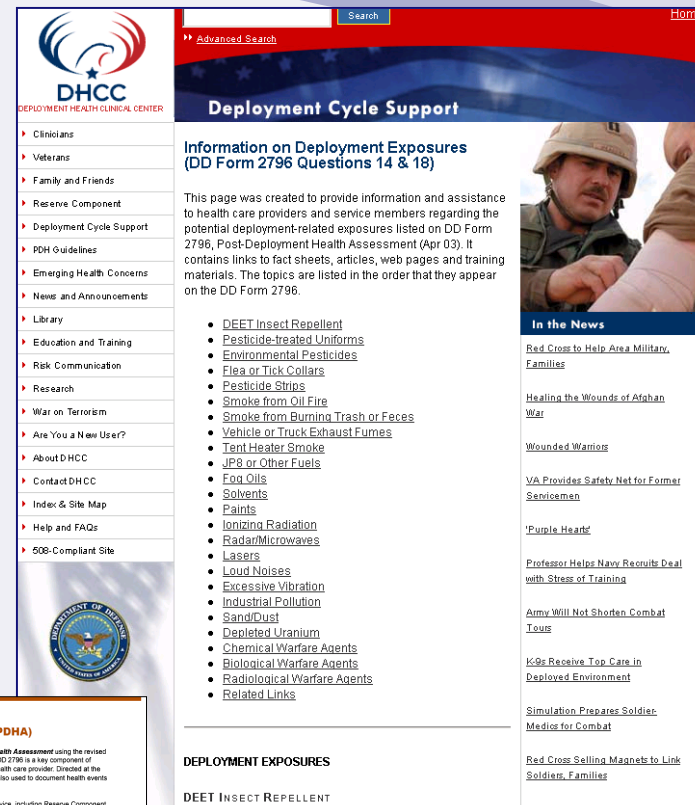
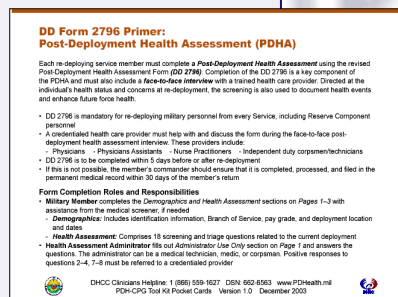
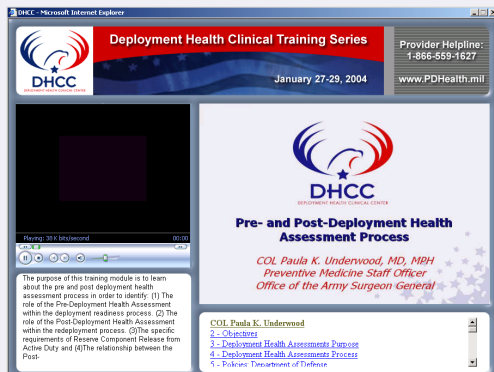


Enhanced PDHA Process

www.PDHealth.mil



- ♠ Guidance for Completing DD Form 2796
- ♠ PDHA Policies & Directives
- ♠ Deployment Exposures Information
- ♠ Redeployment Briefing
- ♠ PDHA Training Videos



Toolbox DD2796

FY 2004 NQMP Study of PDH-CPG Implementation



- ♠ National Quality Management Program (NQMP) Study
- ♠ Methodology - Random sample of MTFs resulted in 66 Active Duty and 75 Non-active Duty sites; review of medical records of random sample of enrollees
- ♠ Results
 - 53% AD and 66% NAD screened for deployment-related concern
 - 74% Army, 63% Air Force, 36% Navy MTFs screened their enrollees
 - Deployment-related concerns detected in 2.8% AD and 0.2% NAD (54% in Army MTFs)
 - Among the 100 beneficiaries with a deployment-related concern, 40% had no documentation of evaluation or management of the concern

PDH-CPG Desk Reference Toolbox



- ♠ Desktop-Sized Laminated Box
 - Desk Reference Cards
 - Compact Discs
 - Interactive PDH-CPG
 - MEDCOM CD of Other CPGs
 - 2 PDH-CPG Training CDs
- Sample Clinician and Patient Brochure
- Various other materials

| |
|--|
| Contact Information and Resources |
| PDH-CPG Guideline Elements |
| Specific Medical Conditions and Concerns |
| Risk Communication |
| Screening and Outcome Measures |
| Training |
| Process Improvement and Metrics |



Contents on www.PDHealth.mil

Toolbox Table of Contents



- ♠ **Contact Information and Resources:** Quick and easy access to phone and electronic information sources
- ♠ **PDH Guideline Elements:** PDH-CPG algorithms and clinic visit guidance
- ♠ **Specific Medical Conditions and Concerns:** Summary information on managing a variety of deployment-related health concerns e.g., Depleted Uranium
- ♠ **Risk Communication:** Methods to integrate health risk communication into a deployment-related healthcare encounter
- ♠ **Screening and Outcome Measures:** Primers for forms used during deployment-related healthcare visits e.g., DD Form 2796
- ♠ **Training:** A brief summary of currently available PDH-CPG education and training materials
- ♠ **Process Improvement and Metrics:** A summary of metrics used in deployment-related healthcare

PDH-CPG Training Multi-Media



- ♠ PDH-CPG Training Briefs
 - 7 video modules from 7-12 minutes on PDH-CPG and DD Forms 2795-2796
 - Developed for providers and support sta

- ♠ The Epic of Gilgamesh
 - 15 minute animated video on PDH-CPG
 - Produced by VA for providers, support staff, service members and families

- ♠ Deployment Health Clinical Training Series
 - 11 modules from 17-47 minutes on PDH-CPG, Emerging Health Concerns and DD Forms 2795-2796
 - Developed for providers and support sta

Located on www.PDHealth.mil and on CD in Toolbox



Toolbox Distribution

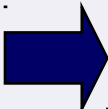
July 2004 - Present



| | Army | Air Force | Navy/ Marines |
|-----------------------|----------------------------------|----------------------------------|----------------------------|
| Service POC | COL Margaret Hawthorne MEDCOM | Lt Col Sandra Witthauer AFMSA | Mr Steven Heaston NEHC |
| MTF POC | QI/UM Managers | Health Care Integrators (HCI) | Clinicians/Clinic Managers |
| # of MTFs | 44 | 76 plus Sheppard School | 31* |
| # of Toolboxes | 3111 | 1523 | 1584 |

Distribution began in Jul 04 and is complete except for *Navy Fleet as of 30 Jun

Learning Objectives

- 
- ♠ Describe the PDH-CPG and accompanying tools
 - ♠ Identify changes and new developments to the PDH-CPG and its tools
 - ♠ Describe the role of the Staff Training and Assistance Team (STAT) in command and clinical consultation for PDH-CPG implementation

How to Code Post-Deployment Visits



♠ **Primary ICD-9-CM code: V70.5_6**

- Definition: "A visit used to evaluate, clarify, treat, or provide information regarding one or more patient or provider based post-deployment health concerns."
- Does not necessarily establish or imply causality between any of the provider's diagnoses and any particular deployment
- Used for deployment health concerns and PDHA exams

♠ **Secondary ICD-9-CM code: Diagnosis-specific code**

♠ **E & M codes** used to differentiate CPG from PDHA visits

Revisions in Coding Since PDH-CPG Initiated



- ♠ Post-Deployment Code V70.5_6
 - Changed from secondary to primary position in 2003
 - Changed from V70.5__6 to V 70.5_6 in 2003
- ♠ Medically Unexplained Symptoms Code
 - Added fifth digit in 2005 = 799.89

Coding and billing forms should be changed to reflect the revised codes

Revised PDH Visit Coding Desk Reference Card

♠ Revised May 2005

♠ Revisions include:

- Changed V70.5__6 to V70.5_6
- New MUS code 799.89

♠ Available on DHCC Web site www.PDHealth.mil

| PDH Visit Coding | | | | | | |
|---|---|---------------------------------|---|----------------------------------|---|--|
| <p>PDH Visit Coding</p> <p>At All Deployment-Related Visits at least two ICD* codes must be assigned and documented by the provider. (For a description of deployment-related visits, see the PDH Clinic Visit Desk Reference Card.)</p> <p><i>In Primary Position:</i> V70.5_6, Deployment-Related Visit and</p> <p><i>In Secondary Position:</i> ICD Code(s) for Deployment-Related Presenting Problem(s):</p> <ul style="list-style-type: none"> • Asymptomatic Concerned — V65.5 • Specific Diagnosis or Symptom(s) — Applicable ICD diagnosis-specific or symptom-specific code(s) • Medically Unexplained Symptoms (MUS) or Medically Unexplained Physical Symptoms (MUPS) — 799.89 (For a description of MUS/MUPS, consult the Medically Unexplained Symptoms Desk Reference Card) <p>* ICD – International Classification of Diseases</p> |  <table border="1"> <thead> <tr> <th>ICD Diagnosis Code & Definition</th> </tr> </thead> <tbody> <tr> <td>V65.5 (person with feared complaint in whom no diagnosis was made)</td> </tr> <tr> <td>783.21 (abnormal weight loss)</td> </tr> <tr> <td>085.2 (leishmaniasis, cutaneous, Asian desert)</td> </tr> <tr> <td>799.89 (other ill-defined conditions and unknown causes of morbidity)</td> </tr> </tbody> </table> | ICD Diagnosis Code & Definition | V65.5 (person with feared complaint in whom no diagnosis was made) | 783.21 (abnormal weight loss) | 085.2 (leishmaniasis, cutaneous, Asian desert) | 799.89 (other ill-defined conditions and unknown causes of morbidity) |
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| 799.89 (other ill-defined conditions and unknown causes of morbidity) | | | | | | |
| <p>DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005</p> | | | | | | |
| <p>Physical Symptoms, Deployment-Related</p> | <p>Severe fatigue. Patient states he was exposed to something in Kuwait on mission two years ago. Work-up to date is complete, but negative.</p> | | | | | |
| <p>DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005</p> | | | | | | |

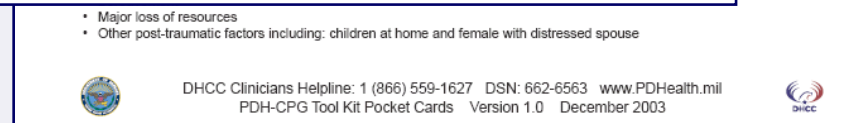
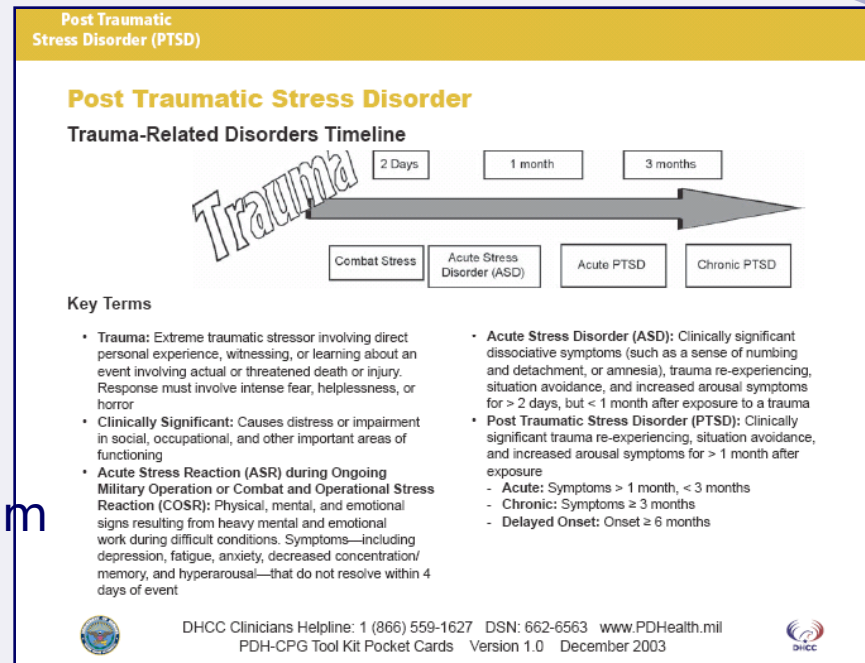
New PTSD Desk Reference Card



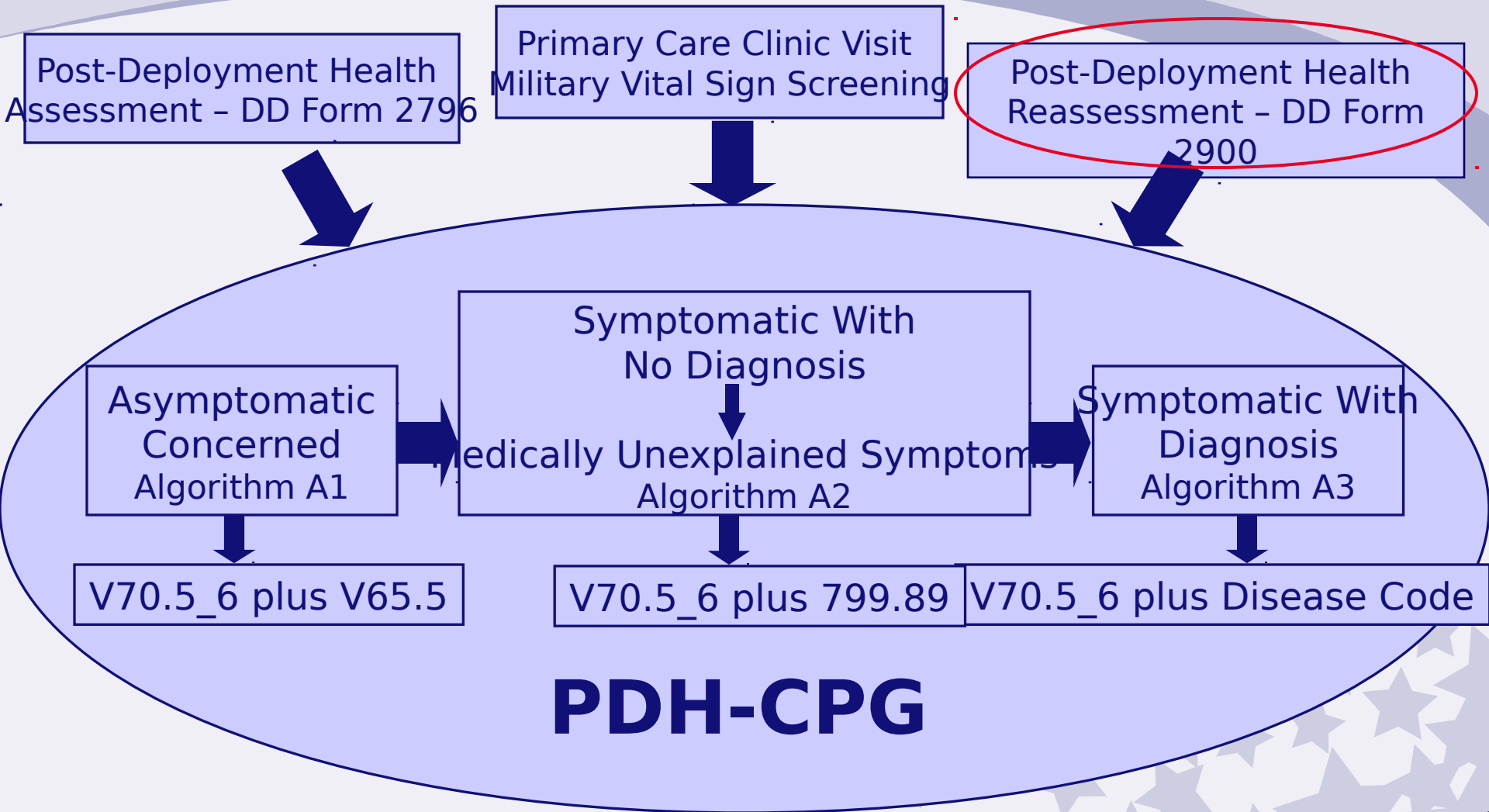
- ♠ Six-sided card on Post Traumatic Stress Disorder includes:
 - Trauma-Related Disorders Timeline
 - Risk Factors
 - DSM-IV-TR Criteria
 - Diagnosis
 - Primary Care Algorithm
 - Treatment Options

- ♠ Included in Toolboxes distributed since Jan 05

- ♠ Posted on www.PDHealth.mil



Key Elements of PDH-CPG







New DD Form 2900 Primer Desk Reference Card



- ♠ Two-sided card on DD Form 2900, Post-Deployment Health Reassessment (PDHRA) includes:
- Roles and responsibilities of Service Members and Health Care Providers
 - Documentation
 - Follow-up and Ongoing Care

♠ Created June 2005

♠ Available on www.PDHealth.mil

| DD Form 2900 Primer | |
|---|---|
| <p>DD Form 2900 Primer: Post-Deployment Health Reassessment (PDHRA)</p> <p>The <i>Post-Deployment Health Reassessment</i> using the Post-Deployment Health Reassessment Form (DD 2900) is designed for every service member who returns from an operational deployment that required the completion of a Post-Deployment Health Assessment, or PDHA, using the DD Form 2796. The purpose of the reassessment is to identify health concerns that have emerged over time following the most recent deployment and assist in more fully addressing the military member's health care needs and concerns. All health concerns identified on the DD 2900 must be reviewed and discussed with a credentialed health care provider.</p> <ul style="list-style-type: none">• All re-deployed military personnel from every Service, including Reserve Component personnel, must be provided the opportunity to complete the PDHRA.• Credentialed health care providers, who are responsible for reviewing and discussing health concerns with the military member, include:<ul style="list-style-type: none">- Physicians- Nurse practitioners- Physician assistants- Independent duty corpsmen/technicians• DD 2900 is to be completed using an electronic or Web-enabled form between 90 and 180 days (preferably 120-150 days) after return to home station from a deployment• For injured individuals who required hospitalization or extended treatment in a military medical treatment facility before return to home station, the PDHRA is conducted 90 to 180 days after their return home <p>Military Member Roles and Responsibilities</p> <ul style="list-style-type: none">• Military Member completes the <i>Demographics</i> and <i>Health History</i> sections<ul style="list-style-type: none">- Demographics: Includes identification and contact information, service branch, pay grade, and deployment location- Health History: Comprises 16 screening and triage questions designed to identify health concerns and conditions that may have emerged following the most recent deployment as well as the types of information and assistance that the member would like to have <p> DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 July 2005 </p> | <p>and completes the</p> <p>member and confirms</p> <p>documents any</p> <p>health concerns/</p> <p>l to mental health,</p> <p>RE would be</p> <p>member, the type of</p> <p>ides additional health</p> <p>y Medical Center for</p> |
| <p>Follow-up and Ongoing Care</p> <ul style="list-style-type: none">• An active case management process is important for ensuring that care is received• Providers caring for patients with deployment-related concerns should follow the DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG)• Additional information on the PDHRA Program and the PDH-CPG are available on the DHCC Web site: www.PDHealth.mil or by contacting the DHCC Clinicians Helpline <p> DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 July 2005 </p> | |

PDHRA Process

www.PDHealth.mil



- ♠ Guidance for Completing DD Form 2900
- ♠ PDHRA Policies & Directives
- ♠ Information for Concerns Related to
 - Deployment Exposures
 - Medical
 - Behavioral Health
- ♠ Health Care Resources
- ♠ PDHRA Training Material

Deployment Cycle Support

Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900)

PDHRA Program. In accordance with the Assistant Secretary of Defense for Health Affairs Memorandum, *Post-Deployment Health Reassessment*, 10 March 2005, the Military Services will implement a Post-Deployment Health Reassessment (PDHRA) Program designed to identify and address health concerns that have emerged over time after a deployment. The PDHRA must be conducted after 90 and before 180 days (preferably 120-150 days) after return to home station from a deployment that required completion of a DD Form 2796. The reassessment is scheduled for completion before the end of 180 days after return so that Reserve Component members have the option of treatment using their TRICARE health benefit. The PDHRA Program uses DD Form 2900 (Post-Deployment Health Reassessment) to document health concerns, assessment and referrals. The DD 2900 must be completed in an electronic or Web-enabled format. The completed DD 2900 will be printed and placed in the individual's permanent medical record. The data will be sent electronically to the Army Medical Surveillance Activity (AMSA) at Walter Reed Army Medical Center for inclusion in the Defense Medical Surveillance System.

Table of Contents. The following information has been assembled to provide guidance and assistance for implementing the PDHRA Program.

- [Clinical Guidance for Implementing PDHRA Program](#)
- [PDHRA Policies and Directives](#)
 - [DoD/Joint Forces](#)
- [Screening Forms and Measures](#)
- [Deployment Exposure Concerns \(Question 7 on DD Form 2900\)](#)
- [Medical Concerns](#)
- [Behavioral Health Concerns](#)
- [Health Care Resources](#)
- [Education and Training](#)
- [Related Links](#)

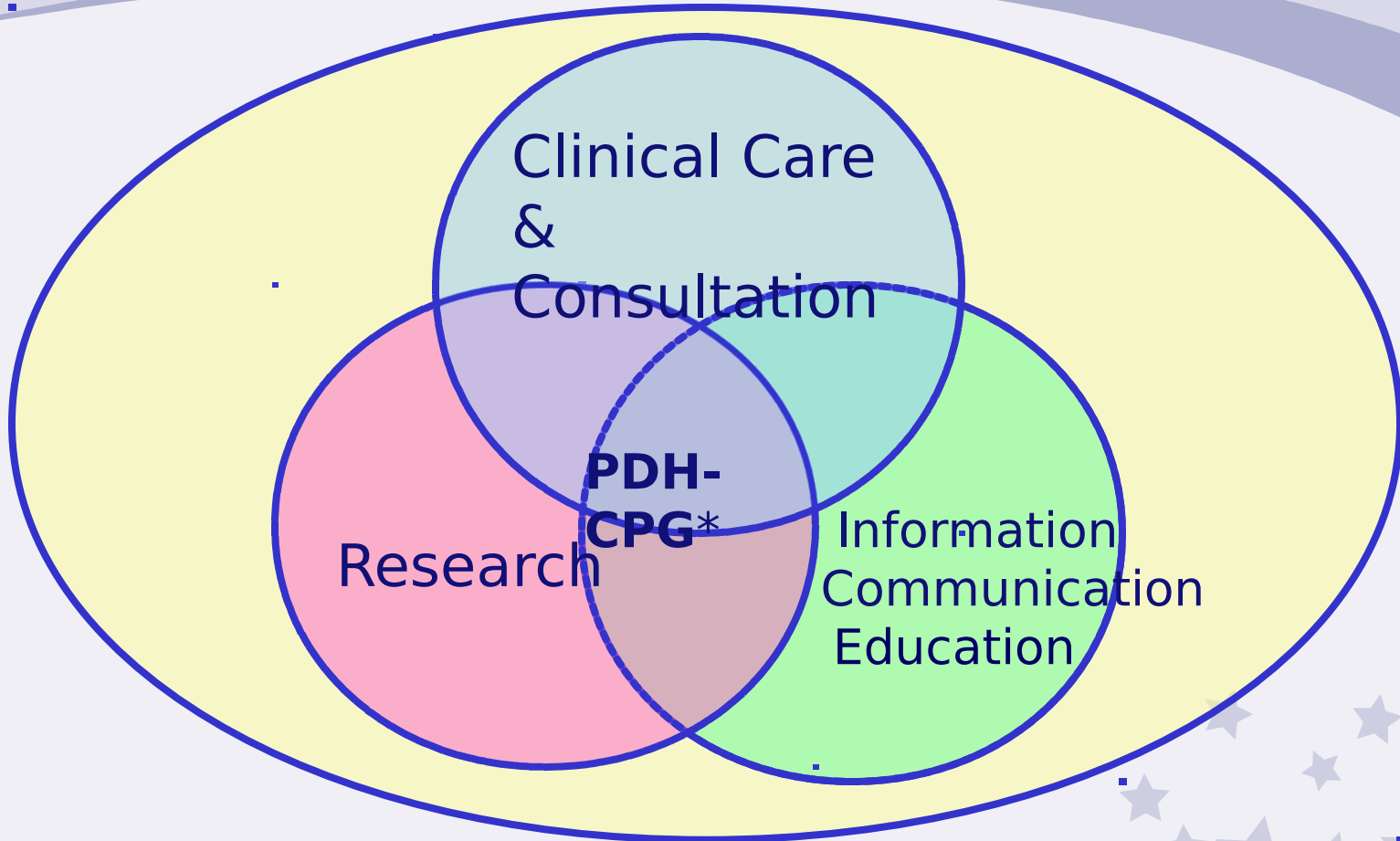
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DHCC Scope of Services

DoD Center of Excellence for Post-Deployment Care



***PDH-CPG = Post-Deployment Health Clinical Practice Guideline**

Staff Training and Assistance Team

(STAT)



- ♠ Background - Created in Spring 2003 in conjunction with Army Surgeon General's initiative to reinvigorate implementation of the PDH-CPG
- ♠ Staffing - 2 positions (1 vacant)
- ♠ Purpose
 - Support PDH-CPG through
 - Development of educational products
 - Providing training and advice on implementation of the PDH-CPG (e.g., Staff Assistance Visits)
 - Support post-deployment health clinical care through
 - DHCC Helplines
 - DHCC Web site
 - Coordination of follow-up of Depleted Uranium and Nerve/Mustard Agent Exposures

Staff Training and Assistance Visits (SAVs)



♠ Purpose

- Provide training on the PDH-CPG and support tools for primary care providers and support staff
- Offer advice and assistance on PDH-CPG implementation

♠ Site selection

- Based on MTF request and approval by DHCC Director

♠ SAVs completed as of 30 Jun 05

- Army - Ft Stewart Oct 04, Ft Benning Dec 04, Ft Lewis (training only) Mar 05
- Air Force - Luke Sep 04, McGuire Oct 04, Andrews (training only) Oct 04, Dover Nov 04
- Navy - Bethesda (training only) Apr 05

STAT Support of DHCC Web Site



DEPLOYMENT HEALTH CLINICAL CENTER

► Clinicians

► Veterans

► Family and Friends

► Reserve Component

► Deployment Cycle Support

► PDH Guidelines

► Emerging Health Concerns

► News and Announcements

► Library

► Education and Training

► Risk Communication

► Research

► War on Terrorism

► Are You a New User?

► About DHCC

► Contact DHCC

► Index & Site Map

► Help and FAQs

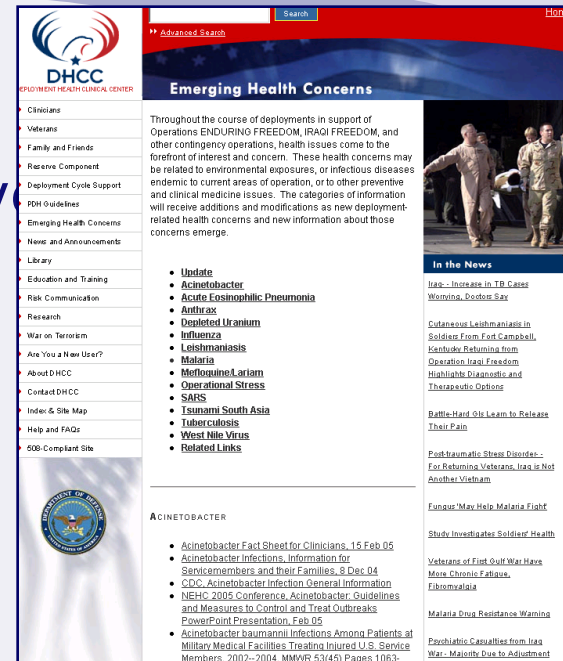
► 508-Compliant Site

♠ Research and develop content for **PDHealth.mil** with emphasis on the following pages:

The screenshots show the following content:

- Clinicians:**
 - We are especially pleased to provide DoDVA Post-Deployment Health Evaluation Clinical Practice Guideline (PDH-CPG) site, you will find clinical tools and educational materials as well as patient education materials. We keep this information current and relevant. If you need information that you cannot find, please contact us. We welcome additions or changes to the Web site.
 - PDH Guidelines News and Updates:**
 - Revised PDH Visit Coding Deck with coding guidance for clinic visits has been updated to reflect changes in the ICD-9-CM code for Medically Unexplained revised code is 799.89. Provide your coding/billing to reflect the revised code. To update Reference Toolbox, recommission Visit Coding Card and attach card or attaching it to one of the be found at the back of the Tool Kit.
 - PTSD Desk Reference Card - Traumatic Stress Disorder (PTSD) developed for the PDH-CPG Tool Kit included in Toolboxes being distributed January 2005. The new card is also on the Tool Kit. It can be printed and fastened at the back of the original Tool Kit.
 - On 10 March 2005, the Assistant Secretary for Health Affairs signed a new Deployment Health Reassessment (DHR) and address health concerns over time following deployment. The extension of the current post-deployment assessment program to include general health with specific health threats to be specific to the deployment.
- Deployment Cycle Support:**
 - BACKGROUND:**
 - Pre-Deployment:** is the period of time prior to deployment during which units prepare themselves for deployment.
 - Re-Deployment:** is the period of time during which units posture themselves in theater/Area of Operations (AOR); transfer forces and material to support other operational requirements; or return personnel, equipment, and material to the Home Station (Active Component) or DEMOB Station (Reserve Component).
 - Post-Deployment:** begins with arrival at Home Station (Active Component) or DEMOB Station (Reserve Component); includes actions to recover equipment, personnel and demobilization activities and ends with release from recommitment (Active Component) or arrival at Home Station (Reserve Component).
 - Table of Contents:** The following web pages have been developed to provide information, guidance, and related information in support of the deployment process:
 - Pre-Deployment
 - Re-Deployment
 - Enhanced Post-Deployment Health Assessment (PDHA) Process (DD Form 2)
 - Post-Deployment
- PDH Guidelines:**
 - DoD/MHA Clinical Practice Guideline Evaluation and Management:**
 - Background:** The DoD/MHA Post-Deployment Health Evaluation (PDH) was developed to assist primary care clinicians in evaluating and managing health concerns for potentially deployment-related health concerns individuals who have deployed as well as non-deployment related health concerns. The guideline uses an algorithm that emphasizes clinical risk communication and information module consisting of three parts that address the following:
 - Algorithm A1: Assessment of Post-Deployment Health Concerns
 - Algorithm A2: Decision and Triage of the Patient
 - Algorithm A3: Management of the Patient with a Health Concern
 - Changes:** The current version of the PDH-CPG is the 2001. There have been no changes in the Guideline for coding post-deployment clinic visits. The Guideline and news and updates to the PDH Guideline are available on the PDH Kit.
 - Table of Contents:** The following web pages have been developed to provide information, guidance, and related information in support of the deployment process:
 - Overview
 - Post-Deployment Health Clinical Practice Guideline
 - Interactive Guideline
 - Downloadable Guideline
 - Algorithms
 - Implementation Guidance for PDH-CPG
 - Desk Reference Toolbox
 - Tool Kit (Updated by Desk Reference Tool Kit)
 - CCCP Transition to PDH-CPG
 - Satellite Broadcast, 30 Jan 02 (Initial Training)
- Emerging Health Concerns:**
 - Throughout the course of deployments in support of Operations ENDURING FREEDOM, IRAQI FREEDOM, and other contingency operations, health issues come to the forefront of interest and concern. These health concerns may be related to environmental exposures, or infectious diseases endemic to current areas of operation, or to other preventive and clinical medicine issues. The categories of information will receive additions and modifications as new deployment-related health concerns and new information about those concerns emerge.
 - Update:**
 - Acinetobacter
 - Acute Eosinophilic Pneumonia
 - Anthrax
 - Depleted Uranium
 - Influenza
 - Leishmaniasis
 - Malaria
 - Mefloquine/Lariam
 - Operational Stress
 - SARS
 - Tsunami South Asia
 - Tuberculosis
 - West Nile Virus
 - Related Links
 - In the News:**
 - Post-traumatic Stress Disorder: Equal in All Soldiers After a Time
 - Therapy: A Dominant-Negative Inhibitor of Anthrax Toxin Is Also a Potent and Safe Immunogen for Vaccines
 - Therapy: A Dominant-Negative Inhibitor of Anthrax Toxin Is Also a Potent and Safe Immunogen for Vaccines
 - Soldier Heals Others Leave War Behind
 - U.N. Panel Urges Ban on Making Smallpox From Scratch
 - Posttraumatic Stress Disorder - Issues and Controversies
 - FDA OKs Treatment for Smallpox Vaccination Reactions
 - Malaria Treatment
 - High Hopes for Plague Vaccine

Emerging Health Concerns (EHC) Resources on **www.PDHealth.mil**



Leishmaniasis
Depleted Uranium
Mefloquine/Lariam®
Malaria
Acute Eosinophilic
Pneumonia
Tuberculosis

Anthrax
Operational
Stress
West Nile Virus
Influenza
Acinetobacter
SARS

♠ Reference sources

- Tri-Service policies and directives
- Related internet links

♠ Provider information

- Clinical guidance
- Fact sheets
- Forms and measures
- Educational material
- Research information

♠ Patient information

- Fact sheets
- Educational material

DHCC Clinician Helpline



♠ 1-866-559-1627

♠ Types of Provider Calls

- Medical concerns
 - General information re: work-up, diagnosis & treatment
 - Education
 - Web site resources
 - Service member expert consultation
- Psychosocial concerns
 - General information re: diagnosis and treatment options
 - Education
 - Web site resources
- Sources of care
- Policy questions
- Eligibility questions for DoD civilians and DoD contractors

DoD Helpline



♠ 1-800-796-9699

♠ Types of Service/Family Member Calls

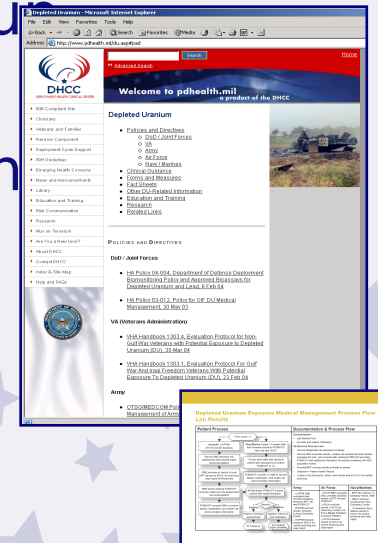
- Medical concerns
 - General information
 - Diagnosis
 - Treatment
- Psychosocial concerns
 - General information
 - Treatment
- Access to care (especially Reserve Component)
- Validation seeking re: caller's perception of etiology of health concerns

DHCC's Role in Implementing ASD(HA) Depleted Uranium Policy



♠ 30 May 2003, OSD(HA) 03-012, Policy for OIF Depleted Uranium (DU) Medical Management

- Central archive for all DoD patient information related to DU exposure, testing, and follow-up for active duty and reserve personnel
- Coordination of referral of DU positive patients to Baltimore VA DU Follow-Up Program
- Clinical guidance for implementing DoD DU Policy
 - Clinical consultation
 - Tools and resource material



Questions, Information, Assistance



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Washington, DC 20307-5001

E-mail: pdhealth@na.amedd.army.mil
Website: www.PDHealth.mil

202-782-6563
DSN:662

Provider Helpline
1-866-559-1627

Patient Helpline
1-800-796-9699